



INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC FROM THE **D.C. BOARD OF MEDICINE**

February 2002

POSTGRADUATE TRAINING-WHEN DO YOU NEED A LICENSE?

Postgraduate training (internships, residencies and fellowships), represent the period when physicians (M.D.s and D.O.s) get intense clinical training and experience under the supervision of licensed physicians in an institutional framework. During the initial year of postgraduate training (the transitional year or internship year) graduate physicians receive exposure to the spectrum of medical specialties. During the later years of postgraduate training (residencies), physicians generally get intensive clinical and didactic exposure in their specialties. Hands on experience generally increases as physicians progress in their residencies. A fellowship is generally a very focused period of study, often in a sub-specialty or particular area of research, that usually follows a residency in a specialty.

Given the many teaching hospitals and medical schools in the District of Columbia, there are many programs in many specialties for training physicians within the District. The issue of licensure requirements for physicians in training is therefore a frequent concern of the Board. D.C. Medical Regulations (D.C. Municipal Regulations (DCMR), Title 17, Chapter 46) exempt medical students and postgraduate physicians from the requirement to be licensed. That exemption, however, has limitations.

One limitation is *time*. Regarding the practice of postgraduate physicians, Section 4611.7 of the medical regulations places a **maximum time limit of four (4) years** on the exemption from the requirement for a license. The D.C. Board of

Medicine (the “Board”) has historically interpreted that time limit as beginning with medical school graduation for graduates of U.S. medical schools, and beginning with the start of postgraduate training in the United States for international medical graduates (IMGs).

Closely related to the time limitation within which a postgraduate physician can practice, is a limitation on who qualifies as a “postgraduate physician.” Remember that the regulations exempt medical students and “postgraduate physicians” from the requirement to have a license. Just who is a “postgraduate physician?”

Section 4611.12 of the medical regulations provides a definition:

For purposes of this section [4611], “postgraduate physician” means a person who holds a degree in medicine or osteopathy who is enrolled in a postgraduate clinical training program **prior to licensure in any jurisdiction in the United States [emphasis added]**.

Therefore, **if a physician has at any time been licensed in D.C. or any other jurisdiction in the United States, that physician must have a D.C. medical license in order to participate in a residency program.** *The fact of the previous licensure legally removes the exemption for postgraduate training.* The exception to this rule is an IMG who became licensed in a jurisdiction that required less U.S. training than is required in

the District (three years), and has not yet completed the three years of U.S. postgraduate training that are required for IMGs to become licensed in the District of Columbia. Also, the Board does not construe a training license as licensure in this context. A resident could have or have had a training license and still not be required to have a D.C. license if he or she is within the applicable four-year timeframe.

In addition to time and the related definition of a “postgraduate physician,” there are several administrative limitations on postgraduate physicians. One administrative limitation is that the **postgraduate training program must be approved** by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). If the postgraduate training program is not ACGME- or AOA-approved, then there is no exemption from the requirement to have a license in the District of Columbia.

There are **educational requirements** also that generally relate to the accreditation of the medical school. Graduates of U.S. and Canadian medical schools must have attended a medical school that was accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) of the American Medical Association, the American Osteopathic Association or the Committee on the Accreditation of Canadian Medical Schools. IMGs must hold an ECFMG certificate to participate in a postgraduate training program in the District of Columbia. ECFMG is the Educational Commission for Foreign Medical Graduates. The ECFMG assesses the curricula, facilities and faculties of foreign medical schools to ascertain whether those schools provide comparable medical education to U.S. institutions. The ECFMG also administers examinations to IMGs to ensure that they have the requisite knowledge in basic sciences and clinical theory to move into the clinical training of an internship/residency. The examinations administered by the ECFMG are identical to Steps 1 and 2 of the USMLE examination that are issued to U.S. graduates.

Another administrative limitation on practice by postgraduate physicians is that prior to beginning practice, they must have a **written agreement** (§4611.5) with the sponsoring institution that describes the terms and conditions of the physician’s employment or participation in the program. That written agreement must be kept on file at the sponsoring institution.

Supervision by a licensed physician is another administrative limitation on practice by postgraduate physicians. Postgraduate physicians must be supervised by a physician who is licensed in D.C. and who is a member of the medical staff of the sponsoring institution and who is appointed to the teaching staff of the clinical training program (§4611.6).

Identification is another requirement for practice by postgraduate physicians. A postgraduate physician is required to identify himself or herself as such at all times while practicing medicine (§4611.8)

Sections 4611.10 and 4611.11 of the medical regulations specify that the Board may **discipline** students and postgraduate physicians for violations of the regulations or the health licensing statute. That discipline can take many forms, including denial, imposition of a fine, reprimand, practice restrictions, remediation and revocation of the student or postgraduate physician’s privilege to practice.

Relationship to Examinations

The license requirement for postgraduate physicians in the District of Columbia is closely related to the examination schedule. For example, graduates of U.S. allopathic medical schools take a three-part examination called the United States Medical Licensing Examination (USMLE). The first Step of the examination (basic science) is usually taken at the end of the sophomore year of medical school. Step 2 (clinical theory) is usually taken before medical school graduation. Indeed, most medical schools require successful completion of Step 2 in order to graduate. Postgraduate physicians (U.S. grads) must complete at least one year of postgraduate training in an approved program in order to be eligible for Step 3 (clinical practice).

The Federation of State Medical Boards of the United States, Inc., that developed the USMLE with the National Board of Medical Examiners, recommended that physicians be given a maximum of seven (7) years to complete all three Steps of the USMLE. Most jurisdictions, including the District of Columbia, adopted the seven-year recommendation. The primary rationale for the rule is to ensure that examinees have current medical knowledge. The clock for the seven-year period begins with the passing of either Step 1 or Step 2.

Given that physicians pass Step 1 at the end of the sophomore year of medical school and that they must complete one year of postgraduate training to become eligible for Step 3, three years of the seven years have usually expired by the time that a physician is eligible to take the examination. Therefore, it is in the physician's interest to take Step 3 as early as possible to allow the maximum time for preparation and retake, if necessary. **If a physician fails Step 3 three (3) times, he or she must complete another year of ACGME-approved postgraduate training before being eligible to retake Step 3.**

The nature of postgraduate training is also an incentive to take Step 3 as early as possible. Postgraduate medical training becomes increasingly specialized as physicians progress in their residencies. Step 3 of the USMLE is a test of clinical knowledge across the spectrum of medical specialties. It is therefore advantageous to take Step 3 with fresh exposure to the spectrum of medical specialties that are encountered early in postgraduate training.

On the Horizon

The D.C. Department of Health is examining the costs and benefits of licensing postgraduate physicians. One model being examined involves the sponsoring institution providing a listing and attestation of credentials for postgraduate physicians practicing in their respective programs. This effort is part of the DOH professional licensing re-engineering process, and decision and implementation as applicable should take place at the end of the year.

Assessment

The following quiz will assess your familiarity with the license requirements for postgraduate physicians.

1. A physician began a postgraduate training program in Illinois. While there, she passed Step 3 of the USMLE and became licensed. An attractive opportunity arose to join a renowned residency program in D.C. Does she need a license to participate in the D.C. residency program?
_ Yes
_ No
2. Is a graduate of a foreign medical school who does not have an ECFMG certificate allowed to participate in postgraduate medical training in D.C.?
_ Yes
_ No
3. For U.S. medical graduates the four-year exemption from the license requirement in D.C. for postgraduate training begins with the start of their residencies in the United States?
_ True
_ False
4. IMGs are eligible to take Step 3 of the USMLE in D.C. after one-year of approved postgraduate training in the United States?
_ True
_ False
5. A physician, who is a graduate of a U.S. medical school within the past four years and has never been licensed in another jurisdiction, accepts a fellowship in a D.C. program that is not approved by the ACGME or the AOA. Is that physician required to have a D.C. license in order to participate in the fellowship program?
_ Yes
_ No
6. If a physician has or had a training license in another jurisdiction, they must get a D.C. license in order to participate in postgraduate training in D.C.?
_ True
_ False
7. Postgraduate physicians must be supervised by a physician who is licensed in D.C.?
_ True
_ False
8. Is a physician who passed Step 1 of the USMLE in 1994, eligible to take Step 3?
_ Yes
_ No

Answers on the next page

Postgraduate Training Quiz Answers

1. **Yes**, prior licensure requires a D.C. license.
2. **No**, IMGs *must* have an ECFMG certificate to participate in postgraduate training in D.C.
3. **False**, for U.S. graduates the four-year period begins with medical school graduation.
4. **False**, IMGs need three years of approved postgraduate training in the United States.
5. **Yes**, the postgraduate training program has to be ACGME- or AOA approved in order for there to be an exemption from the license requirement.
6. **False**, a training license is not viewed as prior licensure.
7. **True**, supervision is required.
8. **No**, there are a maximum of seven years for passing all parts, beginning with passing either Step 1 or Step 2. Since more than seven years has elapsed since the physician passed Step 1, he or she is not eligible to take Step 3 or to become licensed in D.C.

Newsletters Are Back on the Internet

The D.C. Board of Medicine's newsletters back to 1997 have been restored on the Internet. The direct address is:

http://dchealth.dc.gov/services/administration_of_fices/hra/pl/bod.shtm

BOARD ORDERS

A summary of each of the Board Orders from November 2001-February 2002 is as shown below.

Michael R. Kronen, M.D. (2/27/02): Five years probation *nunc pro tunc* to March 24, 1999 and reporting requirements by consent order. Licensee was disciplined in Maryland for conduct (inappropriate contact with a patient) that would be grounds for disciplinary action in the District of Columbia.

Is there a practice issue that you would like to see addressed in a future newsletter? If so, mail your issue to the D.C. Board of Medicine, Room 2224, 825 N. Capitol Street, NE, Washington, D.C. 20002. You may also fax your issue to (202) 442-9431, attention Jim Granger, Executive Director.

The D.C. Board of Medicine

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Staff: James R. Granger, Jr., Executive Director;

Antoinette Stokes, Health Licensing Specialist

(202) 442-9200

How to File a Complaint

If you would like to file a complaint against a physician, physician assistant or acupuncturist in the District of Columbia, simply send a letter to the D.C. Board of Medicine that describes your complaint with any supporting documents that you may have. Your letter should describe succinctly what your issue is with the practitioner. Complaints must be in writing, signed by the complainant and identify the physician about whom the complaint is being made.

Your letter should be addressed to:

D.C. Board of Medicine

Room 2224

825 N. Capitol Street, NE

Washington, D.C. 20002.

The Board will determine if there are apparent violations of the licensing law that warrant disciplinary action. If it is determined that the licensee violated the licensing law, the licensee may be disciplined by the Board. Meritorious complaints do not result in awards to complainants. However, those complaints do serve to ensure that licensees are practicing according to law and thereby protect public health, safety and welfare.
